



City of Rockville • Department of Recreation and Parks

The Nutcracker

Rockville Civic Ballet

Directed by Claudia Mangan



F. Scott Fitzgerald Theatre at Rockville Civic Center Park
Baltimore Road and Edmonston Drive • Directions: 240-314-5004

Show Times: Saturday, Dec. 5, 2 p.m. and 7:30 p.m.
Sunday, Dec. 6, 2 p.m.
Saturday, Dec. 12, 2 p.m. and 7:30 p.m.
Sunday, Dec. 13, 2 p.m.

Tickets: \$14 Adults
\$10 Children (12 years and under)
\$10 Senior Citizens (60 years and older)

Group Rates: 7 Adults or more \$13.50 each
10 Children/Senior Citizens or more \$9.50 each



Photo Credit: Rosalie Bright

Tickets may be purchased at the F. Scott Fitzgerald Theatre Box Office or by mail (F. Scott Fitzgerald Theatre, Rockville Civic Center Park, 603 Edmonston Drive, Rockville, MD 20851) from 2-7 p.m., Tuesday through Saturday, or two hours prior to performance time beginning November 10. Tickets also can be purchased by calling **240-314-8690** or online at www.rockvillemd.gov/theatre.

Any individuals with disabilities who may require assistance in order to attend this event, or who have questions about accessibility, may contact the ADA Coordinator at 240-314-8108 (TTY 240-314-8137).

ADVANCE SALES BY MAIL – Mail orders must be received by Nov. 25, 2009.

I would like to attend: ☐ Sat., Dec. 5, 2 p.m. ☐ Sun., Dec. 6, 2 p.m. ☐ Sat., Dec. 12, 2 p.m. ☐ Sun., Dec. 13, 2 p.m.
☐ Sat., Dec. 5, 7:30 p.m. ☐ Sat., Dec. 12, 7:30 p.m.

Name: _____

of Adult Tickets: _____ x \$14 = _____

Phone: Day: _____

of Child or Senior Citizen Tickets: _____ x \$10 = _____

Evening: _____

Total Amount Enclosed: \$ _____

Address: _____

Make all checks payable to City of Rockville. Send mail orders to:
F. Scott Fitzgerald Theatre Box Office, Rockville Civic Center Park, 603
Edmonston Drive, Rockville, MD 20851.

City: _____ State: _____ Zip: _____

Seating Area Preference: (Seating is on a first-come, first-available basis.)

Credit Card: ☐ MasterCard ☐ VISA Exp. Date: ____/____/____

Center: ☐ Front ☐ Middle ☐ Back

Card # _____

Side: ☐ Front ☐ Middle ☐ Back

Card Holder Name: _____

☐ Aisle Seat ☐ Wheelchair Accessible

Signature: _____

To receive arts information directly via e-mail, please provide your e-mail address: _____